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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DP-305668/DE3-0240	
Applicant(s): FARHAD BOLOURCHI ET AL.				
Application No. 09/990,741	Filing Date 11/21/2001	Examiner LEE S. LUM	Group Art Unit 3611	
Invention: FEEL CONTROL FOR ACTIVE STEERING				
RECEIVED CENTRAL FAX CENTER AUG 17 2004				
<p>I hereby certify that this <u>AMENDMENT TRANSMITTAL (1) PAGE AND AMENDMENT (13) PAGES</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>AUGUST 17, 2004</u> (Date)</p> <p style="text-align: center;"><u>Noelle T. Erickson</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u>Noelle Erickson</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DP-305668/DE3-0240	
Applicant(s): FARHAD BOLOURCHI ET AL.					
Application No. 09/990,741	Filing Date 11/21/2001	Examiner LEE S. LUM	Customer No. 23413	Group Art Unit 3611	Confirmation No. 3330
Invention: FEEL CONTROL FOR ACTIVE STEERING					
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<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	27 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: August 17, 2004		
Troy J. LaMontagne Registration No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Customer No 23413			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANT:	BOLOURCHII, FARHAD et al.)
) Group Art Unit: 3611
SERIAL NUMBER:	09/990,741)
)
FILED:	November 21, 2001) Examiner: LUM, LEE S.
)
FOR:	FEEL CONTROL FOR ACTIVE) Confirmation No. 3330
	STEERING)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT - RESPONSE TO OFFICE ACTION

With regard to the Office Action dated May 19, 2004, Applicants respectfully submit this response. Allowance of all claims is respectfully requested light of the following remarks.